

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of _____
 District of _____
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS.
 ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 89
 Co. Register No. 112
 Local Registrar's No. _____

(No. _____) St. _____ Ward _____
FULL NAME OF CHILD Cedric Nash Willis } Born } YES
 } Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other ☒ and } Number in order of birth _____ Legitimacy yes Date of Birth June 19 1912
 (Month) (Day) (Yr.)

FATHER
 Full Name Shoyd Willis
 Residence San Carlos, Ariz
 Color or Race White Age at last Birthday 28 (Years)
 Birthplace Hatterville Texas
 Occupation Clerk

MOTHER
 Full Maiden Name Clara Nash
 Residence Same
 Color or Race White Age at last Birthday 23 (Years)
 Birthplace Elizabeth, Ill
 Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 19 1912, at P.M.
 *When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. J. Sturgeon
 (Attending physician, midwife, householder.)*

Given or christian name added from a _____

Address _____

supplemental report _____ 191 _____

362-619-358
 COUNTY REGISTRAR.

Filed 6/20 1912 B. S. Fox
 LOCAL REGISTRAR
 Filed 6/20 1912 B. S. Fox
 COUNTY REGISTRAR